1 September 199) 7		Fort McCoy Regulation 585-1								
TO: COMMAN	FROM:]	DATE:							
Range Scheduling											
ATTN: AFZR-FM-TMR-O											
110 E. Hea											
Fort McCoy, WI 54656-5226											
(1) Date Start/End	(2) Times Start/End	(3) Using Unit	(4) Unit Level	(5) UIC	(6) Component Type	(7) Primary Facility	(8) Alternate Facility	e (9) Vehicles Wheel/Track	(10) Weapon System	(11) Type of Rounds	
				UIC	Туре	Facility	racility	WHEEL/TTACK	+		
									<u> </u>		
									+		
(12) Description of T	Training / Special Reques	<u>t</u>									
(12) Ammoved for IO	(14) Nambar of Demonstrate by trained										
(13) <u>Approval for JOINT USE</u>					(14) Number of Personnel to be trained						
(15) Name, Grade, Title & Phone# of POC					(16) Signature of Requester						
					(10) <u>Bigilature of 1</u>	() <u>a</u>					
Special Instructions											
Special Instructions for completing this form. 1. Always list an alternate facility in block 8.											
	ernate facility in block 8. only for dates that it will	he used									
ALL numbered bl	ocks that apply to your tr	aining must be filled	in or the 38A will be	rejected	!!						
4. OP's must be requested when mortar or firing points are requested.											
5. Range scheduling must be notified of all joint agreements.6. All cancellations must be in writing or faxed to 608-388-3642.											
7. Indicate name and phone number of POC.											